

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

101646348

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
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12				/		
13				/		
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39				/		
40				/		
41				/		
42				/		
43				/		
44			1			
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/								
52				/								
53				/								
54				/								
55				/								
56				/								
57				/								
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95				/								
96				/								
97				/								
98				/								
99				/								
100				/								
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												